

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-041612

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 640

FILED NOV 29 1962

1. PLACE OF DEATH a. COUNTY <u>Boone County Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bethesda</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Columbia</u> Length of stay in 1b <u>13 days</u>		c. CITY OR TOWN <u>Sedalia</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Boone County Hospital</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Route 3</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Gus Eugene</u> Middle <u>LEBEGUE</u> Last <u>LEBEGUE</u>		4. DATE OF DEATH <u>November 25 1962</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-2-05</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Motac Railroad</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Scrap Sorter</u>	
11. BIRTHPLACE (City and state or country) <u>Sedalia, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>United States</u>	
13. FATHER'S NAME <u>Wm LeBeque</u>		14. MOTHER'S MAIDEN NAME <u>Lizzie Dietzman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>9423-24</u>		17. INFORMANT <u>Mr. Bessie LeBeque-R3 Sedalia</u> Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Apnea - pulmonary edema</u> DUE TO (b) <u>Carcinomatosis pulmonary</u> DUE TO (c) <u>pneumonia - lung</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>9:35</u> a.m. <u>PM</u> Month, Day, Year <u>Nov 25 1962</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Boone County Hospital</u>	
20f. CITY, TOWN, OR LOCATION <u>Sedalia</u> COUNTY <u>Boone</u> STATE <u>Mo</u>		21. I attended the deceased from <u>12 Nov 1962</u> to <u>25 Nov 1962</u> and last saw her/him alive on <u>8:00 PM 25 Nov 62</u> Death occurred at <u>9:35 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Dr. Elsie Rogers</u> (Degree or title)		22b. ADDRESS <u>Boone County Hospital</u>	
22c. DATE SIGNED <u>25 Nov 62</u>		23a. BURIAL, CREMATION, or REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>11-28-1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Florence Cem.</u>	
23d. LOCATION (City, town, or county) <u>Florence, Mo</u> (State)		24. FUNERAL DIRECTOR <u>M. Laughlin Bros - Sedalia Mo</u> ADDRESS	
25. DATE RECD. BY LOCAL REG. <u>Nov 27, 1962</u>		26. REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

0109

20800

3

4 0

5 1

6

7 0

8 2

9/63X

10

11

12 1-0

13 3-0

DEC 4 1962

JAN 11 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed K.P. McLary

Licensed Embalmer No. 3153

P. O. Address Sedalia, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.